

Nicholas Klimenko and Associates Inc.
Emergency Health Services Program
Advanced Programs - Clinical Assessment Report

Date:	Student name:
Hospital:	Preceptor name:
Unit:	Preceptor initials:

Patient Type: ☐ Cardiac ☐ Respiratory ☐ Neurological ☐ Abdominal
 ☐ Psychiatric ☐ OB / GYN ☐ Trauma ☐ General ☐ Pediatric ☐ Geriatric

General Impression: _____ Age _____

Mechanism of Injury: _____ Sex M F

Initial Assessment: _____ Race _____

Weight _____ kg.

Chief Complaint:

History of the Current Illness:

Prior Medical History / Health History / Occupational History:

Time	Ventilation		Breath Sounds		SAO2	Pulse	Skin	BP	GCS	
	Rate	Effort	L	R						

Vital Signs:

HEENT:

Thorax:

Abdomen:

Extremities:

Posterior:

ECG

Attach rhythm strip

Rhythm interpretation

Conclusion:

Treatment Plan:

Section below to be completed by Preceptor:

Diagnosis:

Preceptor Comments:

Outcome:

Disposition:

Program Coordinator:

PCD: